



Rob Adelman, M.S.W.
Rick Deitchman, Ph.D.
Jonathan W. Gould, Ph.D.
Melinda S. Harper, Ph.D.
Randolph C. Wall, Ph.D.

Therapist-Client Services Agreement

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) that I provide for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information.

Although these documents are long and sometimes complex, it is very important that you read them carefully before our work together can begin. We can discuss any questions you have about the procedures after you have read the entire document. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Robert Adelman

Rob Adelman, M.S.W. L.C.S.W.
Licensed Clinical Social Worker

OFFICE POLICIES & PROCEDURES

Appointments: Sessions are typically 50-60 minutes in length, although you can schedule longer appointments as needed. Appointments are arranged by speaking with me directly. If you are unable to keep your scheduled appointment, please give me as much notice as possible. **Clients are expected to pay for any session that is not cancelled at least 24 hours in advance. Monday appointments must be cancelled or rescheduled by noon on Friday; exceptions to this are family emergencies or serious unexpected illnesses.** Insurance benefits do not cover this charge. Our practice is out of network for all insurance companies. Medicare does not cover out of network services.

Fees: Psychotherapy

\$240 50-60-minute session (Individual, couple, or family)

\$360 / 75-90-minute Initial Assessment or Extended Session

Executive Coaching & Organizational/Team Improvement

\$280 50–60-minute session

Payment: Full payment is expected at the end of each session via check, Zelle or Venmo. If you wish to file for reimbursement from your insurance, I will provide you with a receipt at the end of each session for you to file directly.

Telephone Contact: If you need to speak with me between appointments, you may leave messages for me by confidential voice mail. I will respond as soon as I can during normal business hours, unless my outgoing voicemail message indicates I am out of the office. I do not check my messages in the evenings (typically after 5:00), or any other time my voice mail indicates I am out of the office. For brief phone consultations of 10 minutes or less, there is no charge. For extended calls over 10 minutes, charges are prorated (e.g., the fee for a 15-minute call would be \$60).

Emergencies: If you have an emergency and need immediate assistance, you may call 911 or Carolina Medical's Behavioral Health Center 704-444-2400. You may also go directly to the emergency room of a local hospital.

Initials_____

PROFESSIONAL BACKGROUND

I hold a master's degree in clinical social work from the University of North Carolina-Chapel Hill. I have been a full-time private practice clinician since 2001. Prior clinical experience includes Atrium Behavioral Health Center in Charlotte, NC. The last position I held there was Clinical Director of Adolescent Inpatient Services, managing a 25-member, multi-disciplinary team. I also worked for 14 years at First Union National Bank, now Wells Fargo, in Charlotte as Vice President in leadership consultation, training and organizational development (OD). I managed a three-state training & consulting group and co-led the bank's Business Quality Improvement program. I was lead OD consultant to three divisions and six regional offices including the Insurance, Treasury Management and Audit divisions.

My professional affiliations include membership with the National Association of Social Workers (NASW) and licensed to practice clinical social work by the North Carolina Board for Clinical Social Workers. I am also an executive coach and work with companies and organizations to improve leadership and organizational effectiveness including decision making, teamwork, and conflict management.

TREATMENT CONSIDERATIONS

As a therapist, I use an eclectic model. I rely on a client-centered approach incorporating several models and theories, depending on the needs of the client(s). Occasionally our work will be completed in a few sessions. Other times, we will work for a longer period. This will depend on several considerations, including my assessment, your goals, time constraints and resources. I will work with you on developing your treatment plan, which may change over time. I do not take on clients who, in my professional opinion, cannot help using the knowledge and expertise I have available. I will tell you as soon as possible if I do not think I am the best therapist or consultant for your issue(s) and will make the appropriate referrals. Should we believe that a referral is needed, I will provide alternatives for finding someone who may be better able to assist you. You will typically be responsible for contacting and evaluating those referrals and/or alternatives.

Initials_____

While benefits from therapy are expected, specific results are not guaranteed. Some life changes can prove to be temporarily or permanently upsetting or disruptive. We will work together to achieve the best possible results for you. I assure you that my service will be rendered in a professional manner consistent with accepted legal and ethical standards.

Relationship: Our relationship with each other is professional rather than a personal one. Our contact will be limited to counseling sessions you arrange with me, except in cases of emergency. Please do not ask me to relate to you in any way other than the professional context of our therapy sessions. You will best be served if our sessions concentrate exclusively on your concerns.

Client Rights: At any time, you may initiate a discussion with me of possible positive or negative effects of entering or not entering, continuing or discontinuing therapy. As a client, you are the consumer of my services and may end counseling at any time. I do ask that you provide one session's notice so that we may have a termination session, should that be the decision you make. You also have the right to refuse or discuss modification of any technique or suggestions that you believe might be harmful to you. If you are ever dissatisfied with any aspect of our work, please let me know immediately. This will make our work together more effective. If you think you have been treated unfairly or unethically by me, you can resolve this problem directly with me, or you can contact a professional licensing board of which I am a member.

Confidentiality and Records: All our communication, both verbal and written, becomes part of the clinical record. Records are confidential and will remain in a secure area. The record and contents therein will not be released to others unless you request, in writing, for them to be shared. The exception to this is if I am directed to do so by a court of law. Also, if you make a serious threat to harm yourself or another person, law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make. If I believe a child or elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.

Initials _____

Once a therapeutic relationship has ended, adult client records are shredded after 7 years, which means there will be no detailed record of your involvement with my practice, other than dates of initial and final face-to-face contacts we had together.

Occasionally I receive consultation from professional colleagues regarding case issues or questions. This ensures that I am providing you with the best services possible. However, I will not reveal identifying information that I feel might jeopardize the privacy and confidentiality of the people I counsel or consult with. Please know that your confidentiality is extremely important to me as the foundation of our trusting, therapeutic relationship.

Please Read Carefully and Complete

I have read and understood this statement and accept the policies contained therein. Any questions that I have had about this statement have been answered to my satisfaction. I have been furnished a copy of this statement. I discussed with Rob Adelman that this consent is voluntary and valid unless revoked. I understand that I may revoke.

consent at any time by submitting written notice of such revocation, except to the extent that action based on this consent has already been taken. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications. I hereby agree to begin therapy with this therapist and to cooperate fully and to the best of my ability, as shown by my signature here.

_____/_____

Print Client(s)/Guardians' Name(s)

_____/_____

Client/Guardian's Signature(s)

Date

Robert Adelman, M.S.W.

Print Therapist's Name

Therapist's Signature

Date